

Chester Hills Inc.

CHESTER, NEW JERSEY *
LICENSED SANITARY LANDFILL

Telephone 879-5616

238751
LIQUID, SOLID WASTE DISPOSAL
COMMERCIAL
INDUSTRIAL
MUNICIPAL
CONTRACTS

April 22, 1977

State of New Jersey
Department of Environmental Protection
Solid Waste Administration
P. O. Box 2807
Trenton, New Jersey 08625

14 0714

Mr. Bernhardt V. Lind, Chief

Dear Mr. Lind:

On April 20, 1977, we received the Annual Operating Statement For A Solid Waste Facility with an instruction cover sheet giving May 1, 1977 as the date on which it is to be submitted to your department.

Please be advised that, in no way, could our office compile the necessary data to complete this report within the seven working day period being allowed us. We are sure that you can appreciate our position and our concern.

In the interest of filing a carefully prepared report as accurately as possible, we must advise the department that we will need additional time and that we will submit the form within sixty days of today's date.

We are enclosing our check #4952 in the amount of \$1000.00 for inspection and regulation fees as previously billed so that our account will be paid in full.

Very truly yours,

Muriel A. Raymond
(Mrs.) Muriel A. Raymond

Section A

INSTRUCTIONS - Read Carefully

Type or Print Only

1. Corrections to Section B are to be made in Section C. New applicants start in Section C.
2. Answer questions on this and Operational Statement for a Solid Waste Facility.
3. Submitable to "Treasurer, State of New Jersey". Refer to N.J.A.C. 7:26-4 for fee.
4. Send completed forms and fee to:

New Jersey State Department of Environmental Protection
Bureau of Solid Waste Management
P.O. Box 2807 Trenton, New Jersey 08625

Section B

1. 1407A 201-879-5616
- 2.
3. CHESTER HILLS INC.
4. PARKER ROAD
5. CHESTER TWP NJ 07930

- | | |
|--------------------------|------------------|
| 1. Registration Number | Telephone Number |
| 2. Applicant's Name | |
| 3. Company or Trade Name | |
| 4. Street Address | |
| 5. City | State Zip Code |

Note - Above information was given by you last year. If corrections are to be made, correct the entire invalid line Section C, below. If there are no corrections, go to Section D.

Section C

Corrections to Section B or New Applicants. Enter corrections on proper lines. New Applicants should leave Registration Number Blank.

1. Registration Number Telephone No.
2. Applicants Name (Last First Init.)
3. Company or Trade Name
4. Street Address
5. City State Zip Code

1. ~~#1414881~~ 1407A
2. _____
3. _____
4. _____
5. _____

Section D

1. Person having prime administrative authority or person to be contacted in an emergency.

1A. Name → Filiberto John C.
LAST FIRST INIT.
1B. Area Code - Telephone Number → (201) 832 2792 or (201) 879-5616

2. Check your type Organization. (Check only One)

- | | |
|--|--|
| → 2A. <input type="checkbox"/> Proprietor | 2B. <input type="checkbox"/> Partnership |
| 2C. <input checked="" type="checkbox"/> Incorporated | 2D. <input type="checkbox"/> Municipality |
| 2E. <input type="checkbox"/> County | 2F. <input type="checkbox"/> Unit of State Government |
| 2G. <input type="checkbox"/> Authority | 2H. <input type="checkbox"/> Other (Explain on Separate Sheet) |

Section E

1. Solid Waste Facility Data

1A. Facility Name → Chester Hills, Inc.
1B. Facility Street Address → Parker road, Chester, NJ 07930
1C. Facility Municipality/City → Chester & Washington Townships
1D. Facility County → Morris

2. Estimate the Estimated Life of this Facility. (Answer All)

2A. Years → 31 to 34 years
2B. Tons → In excess of 3,000,000
2C. Acre/Foot → _____

3. This property is ☒ Owned or ☐ Leased by Applicant?
If Leased complete 3A thru 3C.

3A. Owner's Name → _____
LAST FIRST INIT.
3B. Owner's Address → _____
3C. Owner's City State Zip → _____

4. Licensed by Public Utilities Commission → ☒ Yes ☐ No
If "Yes" give License Number → SW-8003

FOR OFFICE USE

ENTER HERE

2. Nature of Operation. (Check the Application Item. If more than one operation, complete a separate application for each.)

- ☒ 2 A. Landfill
☐ 2 B. Landfill
☐ 2 C. Resource Recovery
☐ 2 D. Other (Explain on Separate Sheet)

- ☐ 2 B. Incinerator
☐ 2 D. Chemical Processing and Treatment
☐ 2 F. Transfer Station

2.1 List lot and block numbers where operation is located.

Chester Township: Blk. 17 Lot No. 3B, 7, 8, 9

Washington Township: Blk. 37 Lot No. 15, 16-1, 16, 17, 23-2, 28

3. Check all types of waste requested for disposal at site.

WASTE ID.

SOLIDS

10. ☒ Municipal (Household, Commercial)
 11. ☒ Institutional
 12. ☒ Dry Sewage Sludge
 13. ☒ Bulky Waste
 14. ☒ Construction and Demolition
 15. ☐ Pesticides - Dry
 16. ☐ Hazardous Waste Containers
 17. ☐ Hazardous Waste - Dry
 18. ☐ Chemical Waste - Dry - Non Hazardous
 19. ☐ Junked Autos
 20. ☒ Tires ~~In normal way - not in bulk~~
 21. ☒ Dead Animals
 22. ☒ Leaves and Chopped Tree Waste
 23. ☒ Agriculture Vegetative Waste
 24. ☐ Tree Stumps
 25. ☒ Food Processing Wastes
 26. ☐ Oil Spill Clean-Up Wastes
 27. ☐ Industrial (Non Chemical)

LIQUIDS

70. ☐ Waste Oil
 71. ☐ Semi Solid Waste Oils and Sludges
 72. ☐ Bulk Liquid and Semi Liquids
 73. ☒ Septic Tank Clean-Out Wastes
 74. ☒ Liquid Sewage Sludge
 75. ☐ Pesticide Liquids
 76. ☐ Hazardous Waste Liquids
 77. ☐ Chemical Waste Liquids

For Office Use Only

10.	OK
11.	OK
12.	neg
13.	OK
14.	neg
15.	
16.	
17.	
18.	
19.	
20.	OK
21.	OK
22.	OK
23.	OK
24.	
25.	neg
26.	
27.	OK
70.	
71.	
72.	
73.	neg
74.	neg
75.	
76.	
77.	

For Office Use Only

Enter year

1976

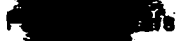
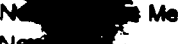

B. Reclaimed Waste

WASTE ID.

SOLIDS

N/A

TONS

50. 
51.  Metals
52. 
53. Corrugated
54. Other Paper Products
55. Glass
56. Chemicals - Dry
57. Plastics
58. Tires
59. Junked Autos

50.	
51.	
52.	
53.	
54.	
55.	
56.	
57.	
58.	
59.	

Total Reclaimed Solids

Tons

N/A

LIQUIDS

90. Oil
91. Chemical Solvents
92. Other Chemical Liquids

90.	
91.	
92.	

Total Reclaimed Liquids

Gals.

I CERTIFY THAT THE INFORMATION SUBMITTED ON BOTH THE REGISTRATION AND THE OPERATIONAL STATEMENTS AND ALL ATTACHMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

→ DATE 5/16/76 SIGNATURE John P. Felt TITLE Dep. Pres.

Send this Form, Registration Statement and Fee to:

New Jersey State Department of Environmental Protection
Bureau of Solid Waste Management
P.O. Box 2807 Trenton, N.J. 08625

FOR OFFICE USE ONLY

Status of Engineering Design

- ☐ 1. Under Review
- ☐ 2. Approved
- ☐ 3. Disapproved

MAY 17 9 31 AM '76
RECEIVED
SECTION
DIV OF ENVIRONMENTAL QUALITY

DATE

SIGNATURE